

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213546444					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Common Cause Education Fund</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LANE 2ND FL VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1839184</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1133 19TH STREET NW, 9TH FLOOR</p> <p style="text-align: center;">CITY/ST/ZIP: WASHINGTON, DC 20036</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ROBERT EDGAR TITLE: PRESIDENT/CEO ADDRESS: 1133 19TH STREET NW 9TH FLOOR CITY/ST/ZIP/CO: WASHINGTON, DC 20036 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: ROBERT EDGAR TITLE: PRESIDENT/CEO ADDRESS: 1133 19TH STREET NW 9TH FLOOR CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
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NAME:	EMMET BONDURANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	LEN HILL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	BILL HUBBARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	PETER LAURIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	LENNY MENDONCA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	HAROLD PACHIOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	CHANG K. PARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	RICHARD STANLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	TRACY WESTEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		
NAME:	BENJAMIN BARBER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1133 19TH STREET NW		
CITY/ST/ZIP/CO:	9TH FLOOR WASHINGTON, DC 20036		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHY ALTMAN	KATHY ALTMAN, SECRETARY	10/4/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.